



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

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HIV, STD and Hepatitis
Maternal, Child and Family Health Services
Public Health Laboratory
PH Nursing
Border Health
TB Control & Refugee Health
Vital Records

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BASE STATION PHYSICIANS' COMMITTEE MEETING MINUTES

Tuesday, March 19, 2013

Members Present

Conrad, M.D., Heather – Rady Children's Hospital
Dunford, M.D., Jim – City of San Diego EMS
Grad, M.D., Michele – Palomar BHMD
Haynes, M.D., Bruce – County EMS
Kahn, M.D., Chris – UCSD
Klingensmith, Todd – S.D. Paramedic Association
Kramer, M.D., Mark – Sharp Memorial
Linnik, M.D., Bill – Sharp Grossmont
Meadows-Pitt, R.N., Mary – Sharp Grossmont BHNC
Miller, M.D., Alexander – NMCSD
Smith, D.O., Ryan – Tri-City BHMD
Wang, M.D. Marcus – Scripps Mercy BHMD

County Staff

Conte, R.N., Meredith
Smith, R.N., Susan
Stepanski, Barbara

Recorder

Wolchko, Janet

In Attendance

Aker, Donna Kelly – UCSD/ROC
Allington, R.N., Linda – Carlsbad Fire

In Attendance (con'd)

Anderson, R.N., Marilyn – Vista Fire
Bingham, Jim – Viejas Fire Department
Bourdon, R.N., Darlene – Scripps Mercy BHNC
Broyles, R.N., Linda – AMR/RCCP
Davis, M.D., Dan – Mercy Air
Dimmer, Brian - NMCSD
Dotson, R.N., Melody – UCSD
Duffy, Jenny – Escondido/San Marcos Fire
Egleston, Clint – Southwestern College
Graydon, R.N., Cheryl – Palomar BHNC
Harley, M.D., Jim – Rady Children's
Healy, R.N., Marla – Sharp Memorial
Hotka, Brian – Mercy Air
Howard, M.D., James – UCSD EMS Fellow
Hudnet, R.N., Carlen – Rural/Metro
Idman-Gervais, R.N., Dianne – Sharp Grossmont
Maloney, Ryan - AMR
Ochs, R.N., Ginger – S.D. Fire Department
Rosenberg, R.N., Linda – Sharp Memorial BHNC
Rosenberger, R.N., Wendy – Tri-City Medical
Russo, R.N., Joe – Rural Metro/CSA-17
Seabloom, R.N., Lynne – Oceanside Fire
Saltzstein, Doug - NCTI
Serra, M.D., John – UCSD/Rural-Metro
Wells, R.N., Christine – Scripps La Jolla
Zeligman, Harvey - SVRHC

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Bill Linnik, M.D., called the meeting to order at 11:00 a.m.

Dan Davis, M.D. introduced Dr. Zeligman, from Arizona Emergency Medical Services.

II. APPROVAL OF MINUTES

A motion was made and seconded to approve the minutes from February 19, 2013. Motion carried.

III. MEDICAL DIRECTOR'S REPORT (Bruce Haynes, M.D.)

- A. Since January there have been a number of cases of meningococcal disease in Tijuana. There are 25 possible cases, 16 confirmed cases, and five deaths reported. San Diego County has had two (2) confirmed cases this year. Recommendations from Public Health are to maintain awareness of the disease, the number of cases of meningococcal disease in Tijuana, and to take a travel history when evaluating patients who may have been in the area where cases have been reported. Suspected cases should be reported to HHSA Public Health.

CAHAN alerts were mentioned and it was encouraged to check on the alert system that gives notification of Health Department news.

- B. There have been some drug shortages with Dextrose. The Atropine shortage has decreased. Notify County EMS if suppliers have difficulty in providing orders.
- C. State EMS is working on a project to collect statewide measures such as scene times for severely injured patients or direct transport to trauma center for severely injured patients. The state has put together a group of core measures to be collected from local jurisdictions. Measures have been established for trauma, STEMI, cardiac arrest, stroke, respiratory patients, pediatric care, pain treatment, skill performance and response time and transport. EMS and healthcare providers will be asked to submit additional data points. Part of the indicators will be collected from the last two to three years as well as data for the next year which will be sent to the State. County EMS must submit data to the state by May 31, 2013. Agencies are being asked to submit their data elements by April 30, 2013.
- D. Paramedic tactical units scope of practice and interventions are being reviewed for appropriate changes.
- E. A contact list of providers of bariatric ambulances for transporting is being identified for reference.

- F. Dr. Paul Haydu passed away from leukemia on February 26, 2013. Dr. Haydu was the Base Hospital Medical Director at Palomar for 20 years and chair of BSPC for 11 years.

IV. SAN DIEGO HEALTHCARE DISASTER COUNCIL (SDHDC) (Linda Rosenberg, R.N.)

- A. The County of San Diego has an exercise drill scheduled for May 30, 2013. The drill will focus on fatality management. The scenario of the drill will be an explosion at Qualcomm. Intent to participate forms should be sent to County EMS, contact is Les Gardina. The EMS Medical Operations Center (MOC) will be open. The Navy will also be in play for the exercise.
- B. November 21, 2013 is the Statewide Drill.
- C. There are currently WebEOC hospital based CE training courses available online. If you have WebEOC you should be receiving fliers.

V. BEACON UPDATE (Jim Dunford, M.D.)

- AMR is working on a few issues and will be ready to move into production with BEACON soon.
- City EMS and Fieldsaver clients are in production.
- Beta testing will begin at Sharp in a week or two.
- Scripps is reviewing their participation agreement.

VI. RESUSCITATION OUTCOMES CONSORTIUM (ROC) (Dan Davis, M.D.)

- A. There are now 78 patients enrolled in the Amiodarone, Lidocaine, Placebo Study (ALPS).
- B. The Advanced Resuscitation Training (ART) two (2) day workshop is on April 4 and 5, 2013. It is being funded through grants from industry, the training is free and CE's are being offered.

VII. PROTOCOL REVIEW (Susan Smith, R.N.)

- A. P-104, Treatment Protocol - Skills List
1. Addition of hemostatic gauze was reviewed. Discussion ensued on the indications listed and packing of penetrating wounds. Consensus was to use guidelines from the military on conditions for use. The Medical Audit Committee (MAC) also discussed combat hemostatic gauze and how useful it would be in the civilian setting. Tactical use guidelines and the use of hemostatic gauze will be brought to MAC to review.
 2. There were comments on spinal stabilization and patients 65 years of age and older. Older patients that may have osteopenic bones and who are more likely to have an occult injury should have spinal stabilization. Discussion included indications and clarification of exceptions/mechanisms.

3. A suggestion was made to use the term pediatrics instead of infants under comments allowing rear-facing car seats for transport if the infant is already secured. It was also mentioned to make the edit for children in 5-point car seats.
- B. S-142, Treatment Protocol – Psychiatric/Behavioral Emergencies
 1. Add consideration for EMS removing taser barbs.
 2. Discrepancy in the standing order (SO) and amount of Versed administered to a combative patient was discussed.
- C. S-160, Pediatric Treatment Protocol – Airway Obstruction

There were no changes.
- D. S-161, Pediatric Treatment Protocol – Altered Neurologic Function (Non Traumatic)

SO was changed with respiratory compromise from focal seizure to partial seizure.
- E. S-162, Pediatric Treatment Protocol – Allergic Reaction/Anaphylaxis

There were no changes.
- F. S-163, Pediatric Treatment Protocol – Dysrhythmias
 1. “Unstable” added to Supraventricular Tachycardia (SVT) under ALS.
 2. Added Ventricular Tachycardia (VT) to the protocol, 12-lead to confirm, contact BHPO for direction.
 3. Removed “Post conversion” Lidocaine for most patients from ALS. Lidocaine is still indicated for patient with AICD discharges.
- G. S-164, Pediatric Treatment Protocol – Envenomation Injuries
 1. For pediatrics use salt water heat pack, not to exceed 110 degrees.
 2. It was suggested to remove alcohol or vinegar rinse from the adult protocol as well.
- H. S-165, Pediatric Treatment Protocol – Poisoning/Overdose
 1. Add under “Ingestions”, in oral hypoglycemic agent ingestion frequent blood glucose monitoring indicated.
 2. There was discussion on documenting poisoning and overdose calls.
- I. S-166, Pediatric Treatment Protocol – Newborn Deliveries
 1. Under prolapsed cord, remove placing the mother in shock position.
 2. Discussion included checking blood sugar of the newly born.
- J. S-167, Pediatric Treatment Protocol – Respiratory Distress

Deleted known asthmatics-consider oral hydration under BLS.
- K. S-169, Treatment Protocol – Trauma – Pediatrics

There were no changes. Trauma guidelines are periodically reviewed to match trauma treatment protocol with state/national CDC guidelines.

L. S-170, Pediatric Treatment Protocol – Burns

There were no changes.

M. S-172, Pediatric Treatment Protocol – ALTE (Apparent Life Threatening Event)

There were no changes.

N. S-173, Pediatric Treatment Protocol – Pain Management

Deleted pain score assessment. "For treatment of pain", add as needed.

Protocol review discussion included:

- Guidelines for pediatric standard needle size/gauge.
- S-141, Treatment Protocol – Pain Management, regarding pain assessment and the pain scale.
- Adding Zofran to the pediatric protocol, and IV dose.

VIII. ITEMS FOR FUTURE DISCUSSION

Hypothermia and cooling for cardiac arrest in the field was discussed. More data is needed.

IX. SET NEXT MEETING/ADJOURNMENT

The next meeting is scheduled for April 16, 2013 in the Sharp Spectrum Auditorium.

The meeting was adjourned at 12:22 p.m.